

WELL COMPENSATION PROGRAM
CHECKLIST WORK SHEET: GRANT APPLICATION
(attach as the top sheet for the application package)

Applicant (claimant) Name: _____

UWN: _____

Date Received Complete Application: _____

Time Received Complete Application: _____

DNR Staff receiving complete application: _____

Application Claim Package – Required Elements:

- ☐ Claim Form (*all items completed & NOTARY of signature*) 8700-174
 - ☐ New well replacement
 - ☐ Connect to Public water supply
 - ☐ Connect to Private water supply
 - ☐ Treatment of existing contaminated well
 - ☐ Abandon unused wells on property
- ☐ Itemized Estimate Sheet Form 8700-175
- ☐ Water sample analysis report(s) from a certified lab; **or** copy of Advisory Letter for existing contaminated well or both.
- ☐ Copy of Well Construction Report for the existing, contaminated well. (*indicate none if no report*)
- ☐ Map indicating property, including existing and replacement well locations (plat map is acceptable).
- ☐ Documentation indicating existing contaminated well is either a drilled or driven-point (sand-point) well, and not a dug well. (*Field Inspection Report DNR Form 3300-26 could be used*)
- ☐ Description narrative of the proposed replacement water supply to include:
(*See NR 123.22(2)2. for details*)
 - (a) Reconstruction of the contaminated private water supply.
 - (b) Construction of a new private water supply.
 - (c) Providing for connection to a public water supply to replace the contaminated private water supply.
 - (d) Providing a connection to an existing private water supply.
 - (e) Treatment equipment & installation costs, but only include if **all** other alternatives are **not** feasible.
- ☐ Prior year **Wisconsin** State Income Tax Return for family income (**not federal return**) **or an Affidavit of Income:**
 - ☐ \$65,000 - \$45,000 (Note: Grant Award is reduced \$0.30 for each dollar of claimant's income that exceeded \$45,000)
 - ☐ \$45,000 and under – no deductible.